

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AK/LAM		
O.I.P.E. CLASSIFIER		720 <sup>8</sup>	8-20-01
FORMALITY REVIEW	fa	720 <sup>8</sup>	09-21-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	0
3	0
4	✓
5	✓
6	✓
7	0
8	0
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10	0
11	✓
12	✓
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14	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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